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15 <sub>Nun</sub>

Number of Pages (including this page)

Date:

November 28, 2005

To:

Scott B. Geyer - 2812

Location:

United States Patent and Trademark Office

Fax No.:

571-273-8300

From:

Michael J. Balconi-Lamica - 34,291

Subject:

10/737,115- Toni D. Van Gompel et al.

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## MESSAGE:

Enclosed herewith, please find a FORMAL AMENDMENT for filing in the below-identified application.

Paid by Deposit Account: 503079, Freescale Semiconductor, Inc. \$450

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE

PATENT AND TRADEMARK OFFICE:

ON: 11/28/05

Date

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EXAMINER: Scott B. Geyer GROUP ART UNIT: 2812 SERIAL NO.: 10/737,115 FILED: DECEMBER 16, 2003

INVENTOR: TONI D. VAN GOMPEL ET AL.

DOCKET NO. SC13151TP										
Complete if Known										
FEE Application N		mher	10/737,115							
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Patent fees are subject to annual revision First Named		rventor	Toni D. Van Gompel et al.			el et al.	CENTRALFA	X CENTER		
Examiner Nar		ne Scott B. Geyer			/er		NOV 2 (	2005		
	Group Art Unit	<u> </u>	2812							
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METHOD OF PAYMENT (check all that apply)				FE	E CAL	CULAT	ION (continued)			
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X Deposit Account			Large Small <u>Entity</u> <u>Entity</u>							
Deposit Account Number 503079			Fee	Fee	Fee					
Deposit Account Name FREESCALE			<b>(</b> S)	Code	<b>(S)</b>		Fee Description			
SEMICONDUCTOR, INC.			•••		•					
The Director is authorized to: (check all that apply)			130	2051	65	Surchar	ge - tate filing fee or oath			
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		1460	130	1460	130	Petitions	s to the Commissioner			
SUBTOTAL (1)	(\$)	1807	130	1807	130	Process	ing fee under 37 CFR 1.17(q)			
2. EXTRA CLAIM FEES		1806	180	1806	180	Submiss	zion of IDS			
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SUBMITTED BY							Complete (if applica			
Name (Print/Type) Michael J. Balconi-Lar		Registration No. 34,291 Telephone (512) 996-6839			·					
Signature Michael A.	palconi- so	ame.	ca		D:	ate	11/28/09	>		

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Patent fees are subject to annual revision	First Named In	Toni D. Van Gompel et al.								
		Examiner Name			Scott B. Geyer					
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
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Deposit Account Name FREESCALE SEMICONDUCTOR, INC.			<b>(\$)</b>	Code	(\$)		Fee Description			
The Director is authorized to: (check all that apply)		1051	130	2051	65		rge - late filing fee or oath			
X Charge fee(s) indicated below X Credit any ov	erpayments	1052 1053	50 130	2052 1053	25 130		rge – late Provisional filing prish specification			
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Large Entity Small Entity		1401	500	2401	250		of Appeal			
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2. EXTRA CLAIM FEES	- · · !	1806	180	1806	180		sion of IDS			
Previously Extra Fee Irom		8021	40	8021	40	Recordi	ing each patent assignment			
	Fee Paid	1809	790	2809	395	Filing a	submission after final			
		1810	790	2810	395	For eac	n (37 CFR § 1.129(a)) h additional invention to be ed (37 CFR § 1.129(b))			
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1203 360 2203 180 Multiple dependent claim, if not paid		Other fee (specify)								
1204 88 2204 44 Reissue independent claims over	original patent						<del></del>	<del></del>		
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SUBMITTED BY			Complete (if applicable)							
Name (Print/Type) Michael J. Balconi-Lamica		Registration No. 34,291 Telephone (512) 996-6839				96-6839				
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